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04/12/2016 03:59 PM

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2016 - 04 - 17 - 07 - 0000m020

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	•		A11011	i
				Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
L. Candia	late Col	mmittee	<u>.</u>	·
ADDRESS (number ar	nd street)	43,500	ttillibun	
(Check if a is changed	ddress			
. •		TALLIANT.		COL 30207-8134 SATE A ZIP CODE A
COMMITTEE'S E-MA	IL ADDRESS		·	
(Check if a is changed	ddress	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Optiona I	l Second E-Mail Add	dress	ı
		<u> </u>		
COMMITTEE'S WEB (Check if a is changed	ddress	under	i constru	tion
Z. DAIL				•
3. FEC IDENTIFIC	ATION NUMBER	CO	061.4255	
4. IS THIS STATEM	ENT NEV	V (N) OR	AMENDED (A)	
I certify that I have ex	camined this Statem	ent and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name o	f Treasurer	Totola	Carpentur	m-Gracken
Signature of Treasurer	Gires	Lagester	M Clacken	Date 4 2 2 2016
NOTE: Submission of fa			may subject the person signing ON SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

	E OF C	OMMITTEE
Can	didate	Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name Cand		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Cand Party	lidate Affiliatio	on Dem Office Sought: House Senate President District
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		ITARIAL Punpertin Margaren
Part	y Com	ımittee:
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Corporation w/o Capital Stock Labor Organization
		Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative
(f)		Membership Organization Trade Association Cooperative
(f)		Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party

Joint Fundraising Representative:									
(g)		This committee collects contributions, pays fundraising expense committees/organizations, at least one of which is an authorize							
(h)		This committee collects contributions, pays fundraising expense committees/organizations, none of which is an authorized committees.							
	_								

FEC Form 1 (Revised 02/2009)

es and disburses net proceeds for two or more political	ı
d committee of a federal candidate.	

Page 2

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o	r more political
committees/organizations, none of which is an authorized committee of a federal candidate.	

Committees Participating in Joint Fundra	aiser
	Same

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2.	L	İ	1			┙		1	L		⅃					L	⊥		L		لـ	FE	C II	O numbe	er C
3.	L			Į		1			1	T	L	l			l.	L		1			ل	FE	C II) numbe	
4.						1			L			1	L		1			1		_ 	ل	FE	CIE	numbe	r C

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FEC Form 1 (Revised Write or Type Committee, Name			Page 3
NA			
6. Name of Any Connected (Organization, Affiliated Committee, Joi	int Fundraising Representative, o	r Leadership PAC Sponsor
Mailing Address			
		 	
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Representati	ve Leadership PAC Sponsor
7. Custodian of Records: Ider	ntify by name, address (phone number -		· · ·
books and records.	Treasurer.	Optionally and position of the per	of the possession of committee
Full Name	icia Carpente	in 1 1 Crack	ren
Mailing Address	LI HIB Seotts	ildan	
			200000000000000000000000000000000000000
-	MULLINGTON	iiiiii Ha	1204031-13101
Title or Position	СІТУ	STATE	ZIP CODE
		Telephone number	
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number – optional) of	the treasurer of the committee; a	nd the name and address of
Full Name		me Man	
of Treasurer	10 y eval Kroent	ots lan	
			/
Mailing Address	\wedge , \downarrow	Pha	20 209-13 13 4 ZIP CODE
Mailing Address	CITY	ST Å TE	
Title or Position	CITY	STÅTE Telephone number	

CITY

Page 4

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Via E-Mail

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi-	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
	of Receipt or Postmarked
Other (Specify): E-MML	04-12-2016
	04/13-2016
(3/2015)	DATE PREPARED